

MEMORANDUM FOR Commander, 18902 A. P. Hill Drive, ATTN: IMNE-APH-PL, Fort A. P. Hill, VA 22427-3106

SUBJECT: **Request for Use of Camp Clark** (All spaces must be completed or be annotated as NA. Incomplete requests may be returned without action)

DATE SUBMITTED(UNIT): _____

DATE RECEIVED: _____ (DPTMS Use)

1. Unit Information:

NAME OF GROUP	GROUP ADDRESS <u>MUST</u> be complete	GROUP PHONE(S)
POC NAME/EMAIL		
ALTERNATE POC NAME/EMAIL	Alternate Phone (if different)	
FINANCIAL POC NAME/EMAIL	Alternate Phone (if different)	
FAX Number	Alternate Fax (if different)	

2. Group Arrival and Departure:

Arrival Time/Date	Departure Time/Date

3. Group Strength:

Adults	Minors	Total Strength

4. Group Activities:

- a. Will you be hiking or biking the perimeter of Camp Clark? _____
- b. Will you be hiking or biking outside of Camp Clark boundaries? _____
- c. Will you be boating on or fishing at Hems Pond at Camp Clark? _____

Any activities not mentioned above should be explained further in this request.

I HAVE READ AND UNDERSTAND THE CAMP CLARK SOP AND THE SAFETY REQUIREMENTS AS POSTED ON THE FORT A.P. HILL WEB SITE AT WWW.APHILL.ARMY.MIL

Signature Required: _____

Please Print Name: _____